

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AB</i>		
O.I.P.E. CLASSIFIER			<i>5/3/94</i>
FORMALITY REVIEW	<i>ER</i>	<i>70029</i>	<i>5-18</i>

INDEX OF CLAIMS

..... Rejected	N	Non-elected
..... Allowed	I	Interference
(Through numeral)..... Canceled	A	Appeal
..... Restricted	O	Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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